



Revision to Application for Building Permit (Commercial and Residential)

Building Standards
5800 Shier Rings Road
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Office Use	This worksheet is for revisions to plans that have been assigned an application number and have been given plan approval by this department.		
	Date: _____	Revision Number: _____	Fee: _____
Project Information	Original Application Number: _____ Project Address: _____ Project Name: _____ Owner Name: _____ Tenant Name: _____		
Submitter	Contact Name: _____ Phone: _____ Company Name: _____ Address: _____ Fax: _____ _____ E-mail: _____		
Revision Description	Provide a comprehensive description of the revision(s) being submitted (please attach additional information, if necessary):		
	Revision Type <u>NOTE: ALL REVISIONS MUST BE CLEARLY HIGHLIGHTS OR CLOUDED ON ALL THE REVISED PLANS AND PLOT PLANS.</u>		
	Check the types of revisions being submitted with this application: <input type="checkbox"/> Architectural <input type="checkbox"/> Structural <input type="checkbox"/> Electrical <input type="checkbox"/> HVAC <input type="checkbox"/> Plumbing <input type="checkbox"/> Engineering <input type="checkbox"/> Landscaping <input type="checkbox"/> Zoning		
Signature	The owner of this building and the undersigned, do hereby covenant and agree to comply with all the laws of the State of Ohio and the Ordinances of this jurisdiction, pertaining to the building and the buildings, and to construct the proposed building or structure or make the proposed change or alteration in accordance with the plans and specifications submitted herewith, and certify that the information and statements given on this application, drawings and specifications are to the best of their knowledge, true and correct. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> _____ Applicant's Printed Name </div> <div style="width: 45%;"> _____ Applicant's Signature </div> </div>		